

Office of the
Legislative Fiscal Analyst

FY 2002 Budget Recommendations

Joint Appropriations Subcommittee for
Health and Human Services

Utah Department of Health
Division of Health Care Financing

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1.0 Department of Health-Health Care Financing

Summary

The Division of Health Care Financing is the administrative agency for Utah's Medical Assistance Programs. The Division administers state and federal funds, and contracts with providers. It also gathers and analyzes data, and pays for the provided services. There are six bureaus and approximately 458 employees.

Federal regulations provide for a wide variety of funding ratios ranging from 50 to 90 percent for different classes of positions and functions for this division. Overall, federal funding makes up approximately 55 percent of the division's budget.

Federal law requires that the Medical Care Advisory Committee (MCAC) serve as an advisory board to the Division. This committee consists of providers, Medicaid recipients, and members of the community. The committee advises the Division on program content, policy, and priorities. The Board is advisory and its decisions are not binding on the Division.

	Analyst FY 2002 Base	Analyst FY 2002 Changes	Analyst FY 2002 Total
Financing			
General Fund	9,795,500	120,000	9,915,500
Federal Funds	34,260,600	120,000	34,380,600
Dedicated Credits Revenue	1,706,800		1,706,800
GFR - Nursing Facility	31,900		31,900
Transfers	11,155,600		11,155,600
Total	\$56,950,400	\$240,000	\$57,190,400
Programs			
Director's Office	3,987,300		3,987,300
Financial Services	9,293,600		9,293,600
Managed Health Care	2,304,900		2,304,900
Medicaid Operations	2,790,800		2,790,800
Eligibility Services	11,617,700		11,617,700
Coverage and Reimbursement	2,657,100	240,000	2,897,100
Contracts	23,453,200		23,453,200
Utah Medical Assistance	845,800		845,800
Total	\$56,950,400	\$240,000	\$57,190,400
FTE/Other			
Total FTE	459	4	463

2.0 Issues: Division of Health Care Financing

2.1 Medicaid Fraud Investigations

During the 2000 Legislature, the responsibility of Medicaid Fraud investigation and monitoring was transferred to the Division of Health Care Financing. However, in the transfer, the funding was not transferred. The Analyst recommends the transfer of \$120,000 (General Fund) from the Attorney General's budget, to be matched with \$120,000 Federal Funds for this purpose. This transfer is included in the Analyst's funded recommendations.

2.2 Additional Eligibility Workers

The Division is experiencing growth in the number of Medicaid cases. In order to properly evaluate and manage this increasing caseload, additional eligibility workers are needed. The Division has requested an additional 25.5 positions requiring \$1.1 million General Fund and \$1.1 million Federal Funds. The Analyst recommends that the Subcommittee. The Analyst suggests that the number could be scaled back to 12 eligibility workers with the funding of \$441,700 from the General Fund and a similar amount from Federal Funds.

2.3 People with Disabilities Return to Work

The FY 2000 Appropriations Act included the following intent language in this line item.

It is the intent of the Legislature that the Division of Health Care Financing and the Utah State Office of Rehabilitation review programs to increase incentives for people with disabilities to return to work. This review should include the following: the State option to permit workers with disabilities to buy into Medicaid (enacted in Section 4733 of the Balanced Budget Act of 1997), and the Ticket to Work and Work Incentives Improvement Act of 1999.

Included in this review should be an estimate of the cost of the following options: Implementing Section 201 of the Ticket to Work Act, expanding State options under the Medicaid program for workers with disabilities, Section 204 Demonstration of coverage under the Medicaid program for workers with potential severe disabilities, and the cost of implementing the Medicaid option of coverage for the working disabled authorized by the Balanced Budget Act of 1997.

The review should address the need for and feasibility of applying for a grant to develop and establish State infrastructures to support working individuals with disabilities authorized under Section 203 of the Ticket to Work Act.

The divisions should report their findings and make recommendations for implementing program changes to the Health and Human Services Interim Committee no later than June 30, 2000.

The Division of Health Care Financing reported to its findings to the Health and Human Services Interim Committee this past summer. The report included the projected cost of implementing this waiver. The Division will present the report again to the Appropriations Committee.

3.1 Health Care Financing – Director’s Office

Recommendation The Analyst's recommendation for the Director's Office for FY 2002 of \$3,987,300 is based on a staffing level of 58 FTEs. The Federal funds for this entire division are Title XIX Federal funds.

All of the \$83,200 listed as Revenue Transfer comes from the Department of Human Services. The Division of Aging contracts for services provided by the division (\$40,200) and the Division of Child and Family Services provides \$23,000 for subsidized adoptions and \$20,000 for foster care.

	2000	2001	2002	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	325,700	106,800	(11,300)	(118,100)
General Fund, One-time	3,700			
Federal Funds	2,140,846	2,648,700	2,615,400	(33,300)
Dedicated Credits Revenue	876,644	1,200,000	1,300,000	100,000
Transfers	83,203	83,200	83,200	
Lapsing Balance	17,671			
Total	\$3,447,764	\$4,038,700	\$3,987,300	(\$51,400)
Expenditures				
Personal Services	2,860,828	3,454,900	3,403,300	(51,600)
In-State Travel	6,839	2,500	2,500	
Out of State Travel	14,701	16,100	16,100	
Current Expense	465,877	464,500	464,700	200
DP Current Expense	99,519	100,700	100,700	
Total	\$3,447,764	\$4,038,700	\$3,987,300	(\$51,400)
FTE/Other				
Total FTE	48	58	58	

Purpose The Director's Office of the Division of Health Care Financing administers and coordinates Utah's Medicaid program to comply with Title XIX of the Social Security Act, other laws of the State, and the appropriated budget. This is accomplished by planning, managing and evaluating activities which authorize payments to qualified providers of approved services who are reimbursed for appropriate and necessary medical assistance rendered to eligible beneficiaries.

**Administration/
Service Cost
Breakdown Intent
Language**

The 2000 Legislature also approved this item of intent language for this division:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered.

The Department reports that this budget is 100 percent administration.

3.2 Health Care Financing - Financial Services

Recommendation

The Analyst recommends an appropriation of \$9,293,600 for the Bureau Financial Services. The significant fluctuations in funding levels reflect the division's movement of appropriations within this line item.

	2000 Actual	2001 Estimated	2002 Analyst	Est/Analyst Difference
Financing				
General Fund	1,212,000	923,300	881,600	(41,700)
General Fund, One-time	1,400			
Federal Funds	7,301,357	9,361,900	8,380,100	(981,800)
GFR - Nursing Facility	31,900	31,900	31,900	
Transfers	(421,097)			
Lapsing Balance	(801,938)			
Total	\$7,323,622	\$10,317,100	\$9,293,600	(\$1,023,500)
Expenditures				
Personal Services	1,363,871	1,030,500	1,014,300	(16,200)
In-State Travel	7,433	7,300	7,300	
Out of State Travel	4,338	6,200	6,200	
Current Expense	2,527,833	6,383,600	5,796,800	(586,800)
DP Current Expense	3,294,489	2,889,500	2,469,000	(420,500)
DP Capital Outlay	125,658			
Total	\$7,323,622	\$10,317,100	\$9,293,600	(\$1,023,500)
FTE/Other				
Total FTE	18	18	18	

Purpose

The Bureau of Financial Services provides the following five functions within the division:

1. Manages the administration and service budgets for both the Medicaid and UMAP programs.
2. Monitors the drug rebate program within the State.
3. Evaluates the nursing home bed patient days and regulating tax assessments for these services.
4. Performs audits on Medicaid providers within the State to cost settle Medicaid reimbursements. This involves cost studies on reimbursement rates to evaluate if fair rates are being set for provider services.
5. Purchases of office equipment and computer hardware and software for the division.

Federal funds make up approximately 90 percent of the Bureau's budget. There are 18 FTEs in the Bureau.

Administration/ Service Cost Breakdown Intent Language

The 2000 Legislature also approved this item of intent language for this division:

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The Department reports that this budget is 100 percent administration.

3.3 Health Care Financing - Managed Health Care

Recommendation

The Analyst recommends an appropriation of \$2,304,900 for the Bureau of Managed Health Care. Federal funds make up approximately 54 percent of the bureau's funding.

	2000	2001	2002	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	965,400	997,500	989,600	(7,900)
General Fund, One-time	3,200			
Federal Funds	1,180,293	1,275,700	1,250,500	(25,200)
Dedicated Credits Revenue	64,763	64,800	64,800	
Lapsing Balance	(41,707)			
Total	\$2,171,949	\$2,338,000	\$2,304,900	(\$33,100)
Expenditures				
Personal Services	1,895,643	2,069,200	2,037,100	(32,100)
In-State Travel	23,188	19,200	19,200	
Out of State Travel	6,300	8,600	8,600	
Current Expense	223,915	217,900	216,900	(1,000)
DP Current Expense	11,773	11,900	11,900	
Other Charges/Pass Thru	11,130	11,200	11,200	
Total	\$2,171,949	\$2,338,000	\$2,304,900	(\$33,100)
FTE/Other				
Total FTE	40	42	42	

Purpose

The bureau is responsible for the implementation and operation of the managed care initiative that includes contracts with health maintenance organizations (HMOs) and Prepaid Mental Health Plans (PMHP) to serve the medical and mental health needs of Medicaid clients. The bureau is also responsible for the development, implementation, and operation of specialized Medicaid services for special populations, home and community-based waiver programs, and the Medicaid well-child program.

Administration/ Service Cost Breakdown Intent Language

The 2000 Legislature also approved this item of intent language for this division:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered.

The Department reports that this budget is 100 percent administration.

The current status of clients in fee-for-service and HMOs is detailed in the following table.

Distribution of Medicaid Clients			
	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001 est.</u>
Fee for Service Clients (Unduplicated)	<u>164,534</u>	<u>167,262</u>	<u>169,000</u>
Total	<u>164,534</u>	<u>167,262</u>	<u>169,000</u>

3.4 Health Care Financing - Medicaid Operations

Recommendation The Analyst recommends an appropriation of \$2,790,800 for Medicaid Operations. Almost 75 percent of the bureau's budget comes from federal funds.

The Revenue Transfer of \$24,500 is from the Division of Child and Family Services for Custodial Medical Care.

Financing	2000 Actual	2001 Estimated	2002 Analyst	Est/Analyst Difference
General Fund	674,000	712,100	707,800	(4,300)
General Fund, One-time	1,500			
Federal Funds	1,809,931	2,082,300	2,058,500	(23,800)
Transfers	24,457	24,500	24,500	
Lapsing Balance	109,422			
Total	\$2,619,310	\$2,818,900	\$2,790,800	(\$28,100)
Expenditures				
Personal Services	1,662,271	1,861,900	1,835,100	(26,800)
In-State Travel	3,128	3,400	3,400	
Out of State Travel	10,076	3,700	3,700	
Current Expense	902,623	919,700	918,400	(1,300)
DP Current Expense	41,212	30,200	30,200	
Total	\$2,619,310	\$2,818,900	\$2,790,800	(\$28,100)
FTE/Other				
Total FTE	50	52	52	

Purpose

The Bureau of Medicaid Operations has five components as follows:

1. Customer Service - The bureau staffs the Medicaid Information Line, providing on-line service to providers and clients regarding Medicaid eligibility, provider payment, transportation, and general information regarding all aspects of services provided by the Department of Health. A call management system ensures that calls get routed to the correct area without having to go through numerous transfers.
2. Utah Health Information Network (UHIN) Involvement - The UHIN is a statewide cooperative of Medicaid providers and other third party medical claims payers. The goal is to standardize health care information so that all claims data can be submitted in an electronic transaction to any payee. This activity was mandated by the 1992 Legislature.
3. Claims Processing - This bureau processes all claims received by Medicaid and UMAP programs, ensuring that the claims are properly entered into the MMIS system, and are adjudicated properly. They serve as troubleshooters working with providers in the event there are questions regarding payment or non-payment of claims.

4. MMIS troubleshooters - The bureau staff identifies and approves updates and corrections to the MMIS to ensure the system is properly handling information on services provided by Medicaid, UMAP or CHIP programs.
5. Special Projects - The bureau manages special projects under contract with Community and Family Health Services (Pre-natal program) and the Division of Family Services (Custody Medical Care Program). It also manages the Buy-Out program that ensures compliance with the third party liability requirements of the OBRA '90 legislation.

**Administration/
Service Cost
Breakdown Intent
Language**

The 2000 Legislature also approved this item of intent language for this division:

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered.

The Department reports that this budget is 100 percent administration.

3.5 Health Care Financing - Eligibility Services

Recommendation

The Analyst recommends an appropriation of \$11,617,700 for the Bureau of Eligibility Services. From FY 1995 through FY 1999, this bureau experienced significant growth, due to the transfer of over 100 FTE eligibility workers from the Department of Human Services and the further addition of new eligibility workers due to growth and various expansions of the Medicaid program. Approximately \$1 million in salaries and benefits for eligibility workers is allocated from this program to the Children's Health Insurance Program (CHIP) for services provided by the eligibility workers. It is estimated that in the aggregate, this is the portion of eligibility workers' time spent in determining eligibility for CHIP.

Approximately 50 percent of the program's budget comes from Federal Funds.

	2000	2001	2002	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	4,964,000	5,658,400	5,528,800	(129,600)
General Fund, One-time	15,000			
Federal Funds	5,861,571	5,929,400	5,746,900	(182,500)
Dedicated Credits Revenue	342,066	342,000	342,000	
Lapsing Balance	863,338			
Total	\$12,045,975	\$11,929,800	\$11,617,700	(\$312,100)
Expenditures				
Personal Services	10,626,843	10,500,300	10,236,300	(264,000)
In-State Travel	41,228	41,800	41,800	
Out of State Travel	4,442	3,500	3,500	
Current Expense	1,258,344	1,253,000	1,204,900	(48,100)
DP Current Expense	115,118	131,200	131,200	
Total	\$12,045,975	\$11,929,800	\$11,617,700	(\$312,100)
FTE/Other				
Total FTE	229	243	243	

Purpose

The Bureau of Eligibility Services is responsible for eligibility policy and operations related to Medicaid eligibility, including nursing home eligibility determinations and out-stationed eligibility workers who are in hospitals and public health clinics. The bureau is also responsible for eligibility determination for the Utah Medical Assistance Program. The bureau coordinates and oversees the eligibility contract with the Department of Workforce Services and also coordinates Medicaid recovery activities with the Office of Recovery Services. The bureau currently has 243 eligibility staff, stationed throughout the State, with a total caseload (as of November 2000) of 44,782 including CHIP).

The following table shows the average number of cases that each eligibility worker handles during the course of a year.

Eligibility Services - Historical Caseloads and FTE					
	<u>FY 1996</u>	<u>FY 1997</u>	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>
Eligibility Caseload	27,075	28,798	30,951	33,010	35,331
FTE	137.50	144.40	149.50	150.00	150.75
Caseload per FTE	197	199	207	220	234

**Administration/
Service Cost
Breakdown Intent
Language**

The 2000 Legislature also approved this item of intent language for this division:

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The Department reports that this budget is 100 percent administration.

**Additional
Eligibility Workers**

The Division is experiencing growth in the number of Medicaid cases. In order to properly evaluate and manage this increasing caseload, additional eligibility workers are needed. The Division has requested an additional 25.5 positions requiring \$1.1 million General Fund and \$1.1 million Federal Funds. The Analyst recommends that the Subcommittee. The Analyst suggests that the number could be scaled back to 12 eligibility workers with the funding of \$441,700 from the General Fund and a similar amount from Federal Funds.

3.6 Health Care Financing - Coverage and Reimbursement

Recommendation The Analyst recommends an appropriation of \$2,897,100 for the Bureau of Coverage and Reimbursement for FY 2002.

The Division of Community and Family Health Services' outreach program for Baby Your Baby provides \$215,400 in the form of Revenue Transfers for the funding of this program.

Financing	2000 Actual	2001 Estimated	2002 Analyst	Est/Analyst Difference
General Fund	596,800	748,800	864,500	115,700
General Fund, One-time	1,900			
Federal Funds	1,533,598	1,722,200	1,817,200	95,000
Transfers	215,408	215,400	215,400	
Lapsing Balance	98,301			
Total	\$2,446,007	\$2,686,400	\$2,897,100	\$210,700
Expenditures				
Personal Services	1,855,035	2,094,000	2,271,000	177,000
In-State Travel	571	1,300	1,300	
Out of State Travel	6,966	7,300	7,300	
Current Expense	534,772	535,000	558,700	23,700
DP Current Expense	48,663	48,800	58,800	10,000
Total	\$2,446,007	\$2,686,400	\$2,897,100	\$210,700
FTE/Other				
Total FTE	25	30	34	4

Purpose The Bureau of Coverage and Reimbursement Policy researches, analyzes, formulates, and makes recommendations for policy changes and new policy to the division director and department director. It is also responsible for the analysis of all pending and current federal and state legislation dealing with health care. The bureau is also responsible for all State plan (contracts with the federal government) changes and all rulemaking dealing with the Medicaid program.

The bureau's Utilization Management Unit controls the utilization of the Division's diminishing fee-for-service market. It performs this function while developing special fee-for-service contracts.

Transfer of Medicaid Fraud The Analyst has included the transfer of \$120,000 General Fund from the Attorney General's budget to this budget for the Medicaid Fraud Investigation unit. This funding is to be matched with \$120,000 Federal Funds. This transfer is included in the Analyst's funded recommendations.

The funding will provide for four FTE positions, including one attorney, one registered nurse, one accountant, and one clerical position.

The Department has been trying to perform its Medicaid Fraud responsibilities, but without the funding to hire the additional positions, they have not been able to keep up.

**Administration/
Service Cost
Breakdown Intent
Language**

The 2000 Legislature also approved this item of intent language for this division:

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The Department reports that this budget is 100 percent administration.

3.7 Health Care Financing - Contracts

Recommendation

The Analyst recommends an on-going appropriation of \$23,453,200 for contracts in the Division of Health Care Financing.

The \$10.8 million in Revenue Transfers is comprised of the following:

- ▶ \$124,200 from the Division of Community and Family Health Services for services which Medicaid provides for the Early Intervention program (\$20,000), immunization seeding (\$34,200), and tobacco education (\$70,000)
- ▶ \$4,255,100 from the Department of Workforce Services for the eligibility contract
- ▶ \$3,100,000 from the Division of Services to People with Disabilities
- ▶ \$1,800,000 from the Office of Recovery Services for their third party collections contract
- ▶ \$950,000 from the Utah State Developmental Center
- ▶ \$550,000 from the Department of Human Services for general administration
- ▶ \$16,200 from the State Office of Education for Nurse Aid Training

	2000	2001	2002	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	634,300	146,200	146,300	100
Federal Funds	12,507,651	12,511,500	12,511,400	(100)
Transfers	10,795,440	10,795,500	10,795,500	
Lapsing Balance	(484,288)			
Total	\$23,453,103	\$23,453,200	\$23,453,200	\$0
Expenditures				
Current Expense	2,384,498	2,384,700	2,384,700	
Other Charges/Pass Thru	21,068,605	21,068,500	21,068,500	
Total	\$23,453,103	\$23,453,200	\$23,453,200	\$0
FTE/Other				

Purpose

The agencies listed above contract with this program, by sending some of their General Fund appropriations to this Division, which then uses those funds to draw down the matching federal Medicaid funds, then forwards all of the funds back to the original agencies. This helps those agencies leverage their state funds by the Federal match. Contracts are for non-medical services performed for the Division by the Departments of Human Services and Workforce Services, such as recovery services, training, and administration. When eligibility for Medicaid services involves more services than just medical (e.g. food stamps), then eligibility is determined by employees of the Department of Workforce Services.

In addition, this program deals with medical and dental consultants and CPA audits and reviews, which serve the Medicaid program.

**Administration/
Service Cost
Breakdown Intent
Language**

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The Department reports that this budget is 100 percent administration.

3.8 Health Care Financing - Utah Medical Assistance Program (UMAP) Administration

Recommendation The Analyst has recommended an appropriation of \$845,800 for the administration of the Utah Medical Assistance Program (UMAP) for FY 2002. While most all of the recommended funding comes from the General Fund, there is \$37,000 in Revenue Transfers which comes from the Department of Workforce Services.

	2000	2001	2002	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	612,800	817,600	808,200	(9,400)
General Fund, One-time	2,400			
Federal Funds	17,161	600	600	
Dedicated Credits Revenue	(300)			
Transfers	37,000	37,000	37,000	
Lapsing Balance	115,001			
Total	\$784,062	\$855,200	\$845,800	(\$9,400)
Expenditures				
Personal Services	603,473	638,900	630,400	(8,500)
In-State Travel	2,507	2,800	2,800	
Out of State Travel	1,070	900	900	
Current Expense	154,892	195,000	194,100	(900)
DP Current Expense	22,120	17,600	17,600	
Total	\$784,062	\$855,200	\$845,800	(\$9,400)
FTE/Other				
Total FTE	14	16	16	

Purpose UMAP is a state-funded medical program that provides Statewide medical coverage to low income individuals who do not qualify for Medicaid or Medicare. This budget represents the administration of the program; the services portion of the budget is found in the Medical Assistance section of the Budget Analysis book.

Administration/Service Cost Breakdown Intent Language The 2000 Legislature also approved this item of intent language for this division:

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The Department reports that this budget is 100 percent administration.

4.0 Additional Information: Health Care Financing

4.1 Funding History

	1998	1999	2000	2001	2002
Financing	Actual	Actual	Actual	Estimated	Analyst
General Fund	9,120,800	9,554,900	9,985,000	10,110,700	9,915,500
General Fund, One-time			29,100		
Federal Funds	27,575,373	27,782,979	32,352,408	35,532,300	34,380,600
Dedicated Credits Revenue	878,008	1,663,814	1,283,173	1,606,800	1,706,800
GFR - Nursing Facility	31,900	31,900	31,900	31,900	31,900
Transfers	12,677,197	11,916,486	10,734,411	11,155,600	11,155,600
Lapsing Balance	(32,230)	(694,426)	(124,200)		
Total	\$50,251,048	\$50,255,653	\$54,291,792	\$58,437,300	\$57,190,400
Programs					
Director's Office	3,242,630	3,193,984	3,447,764	4,038,700	3,987,300
Financial Services	5,095,120	4,807,129	7,323,622	10,317,100	9,293,600
Managed Health Care	1,833,147	2,063,529	2,171,949	2,338,000	2,304,900
Medicaid Operations	2,500,024	2,621,376	2,619,310	2,818,900	2,790,800
Eligibility Services	8,982,411	10,309,612	12,045,975	11,929,800	11,617,700
Coverage and Reimbursement	2,903,681	3,005,215	2,446,007	2,686,400	2,897,100
Contracts	24,961,802	23,544,296	23,453,103	23,453,200	23,453,200
Utah Medical Assistance	732,233	710,512	784,062	855,200	845,800
Total	\$50,251,048	\$50,255,653	\$54,291,792	\$58,437,300	\$57,190,400
Expenditures					
Personal Services	16,528,960	18,377,427	20,867,964	21,649,700	21,427,500
In-State Travel	82,125	74,984	84,894	78,300	78,300
Out of State Travel	40,995	51,260	47,893	46,300	46,300
Current Expense	17,657,103	6,398,729	8,452,754	12,353,400	11,739,200
DP Current Expense	3,085,307	3,023,134	3,632,894	3,229,900	2,819,400
DP Capital Outlay	67,501	5,150	125,658		
Capital Outlay		6,715			
Other Charges/Pass Thru	12,789,057	22,318,254	21,079,735	21,079,700	21,079,700
Total	\$50,251,048	\$50,255,653	\$54,291,792	\$58,437,300	\$57,190,400
FTE/Other					
Total FTE	351	431	424	459	463

4.2 Federal Funds

Program		FY 2000 Actual	FY 2001 Estimated	FY 2002 Analyst
Director's Office Medicaid Adminsitration	Federal	\$2,140,846	\$2,648,700	\$2,615,400
	Required State Match	1,306,917	1,390,000	1,454,800
	Total	3,447,763	4,038,700	4,070,200
Financial Services Medicaid Adminsitration	Federal	7,301,357	9,361,900	8,380,100
	Required State Match	22,266	955,200	932,000
	Total	7,323,623	10,317,100	9,312,100
Managed Health Care Medicaid Adminsitration	Federal	1,180,293	1,275,700	1,250,500
	Required State Match	991,655	1,062,300	1,076,800
	Total	2,171,948	2,338,000	2,327,300
Medical Claims Medicaid Adminsitration	Federal	1,809,931	2,082,300	2,058,500
	Required State Match	809,379	736,600	740,100
	Total	2,619,310	2,818,900	2,798,600
Eligibility Services Medicaid Adminsitration	Federal	5,861,571	5,929,400	5,746,900
	Required State Match	6,184,404	6,000,400	6,026,600
	Total	12,045,975	11,929,800	11,773,500
Coverage/Reimbursement Medicaid Adminsitration	Federal	1,533,598	1,722,200	1,817,200
	Required State Match	912,409	964,200	973,500
	Total	2,446,007	2,686,400	2,790,700
Contracts Medicaid Adminsitration	Federal	12,507,651	12,511,500	12,511,400
	Required State Match	10,945,452	10,941,700	10,941,800
	Total	23,453,103	23,453,200	23,453,200
UMAP Medicaid Adminsitration	Federal	17,161	600	600
	Required State Match	766,901	854,600	859,300
	Total	784,062	855,200	859,900
Federal		32,352,408	35,532,300	34,380,600
Required State Match		21,939,383	22,905,000	23,004,900
Total		\$54,291,791	\$58,437,300	\$57,385,500